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REVOCATION OF POWER OF ATTORNEY AND APPOINTMENT OF NEW POWER OF ATTORNEY

Application Number | 10/631,233 | Filing Date | July 31, 2003 | First Named Inventor | Art Unit | Examiner Name | UNKNOWN | Attorney Docket Number | CS22875JI023

| As assignee of the entire interest of the above-identified applicat of an executed Assignment, recorded in the U.S. Patent and Trad 31, 2003, under Reel/Frame - 014356-0435. I hereby revoke all previous powers of attorney given in the application: A Power of Attorney is submitted herewith. | emark Office on July |
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| OR | |
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| I hereby appoint the practitioners at Customer Number: | 24273 |
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| Please change the correspondence address for the above-identifie | d application to: |
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| SIGNATURE of Assignee of Record | |
| Name Jonathan P. Meyer | |
| Signature 0 - 0 - 0 | |
| Janta Mus | |
| Title Senior Vice President and Director of Patents, Tradema | arks & Licensing |
| Date Dine 29, 2005 | |
| NOTE: Signatures of all the inventors or assignees of record of the entire inverest of | their representative(s) are |
| required. Submit had tiple forms if more than one signature is required, see below* | |
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| * Total of forms are submitted. | |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or remit a benefit by the public which is to file (and by the USPTO to process) is application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is extinuted to take 3 minutes to complete, including gothering, preparing, and submitting the completed application form to the USPTO. Throwall very depending upon the individual case. Any comments on the amount of three you require to complete this form under suggestions for reducing this burden, should be sent to the Chief Information Officer, UPS. Patient and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Completed for Patients, P. O. Box 1450, Alexandria, VA 22313-1450.